

REGION 7 - UST - EPA INSPECTION CONCLUSION DATA SHEET (ICDS) 2005 Form

* Data elements required to be completed for ICIS system data entry
Data elements that do not have asterisks are *optional*

*Inspectors Name: Alan K. Hancock

Phone No.: 913-551-7647

*Date Inspection Report Sent to Facility:- 8/9/07

1. *Compliance Activity Type: Compliance Inspection

2. *Compliance Monitoring Activity Name: (Facility Name:) Copy Facility Name from section 5 below

3. *Compliance Monitoring Type: Circle ONLY ONE of the following choices: **RCRA Hazardous and UST**

UST Case Development Inspection (CDI)

UST Citizen Complaint Inspection

UST Compliance Evaluation Inspection (CEI)

UST Follow-up Inspection

UST Illegal Operators Inspection

4. * Region 7 ID Number: (if there is one, otherwise leave blank) _____

5. *Facility Name: Fuel Plaza

*Street Address: 17223 W. 210th St.

*City, State, Zip: Onawa, NE 51040

6. - 9. * Date of Inspection: Begin: 6/6/07 End: 6/6/07 (mm/dd/yyyy)

10. *Federal Statutes: X RCRA Resource Conservation and Recovery Act

11. *Sections: Check all that apply: X RCRAUSTS1 – Underground Storage Tanks – Subtitle 1

12 * Citations: check citation of 40 CFR that was inspected: X Part 280

13. * Programs: No entry needed. This data element is automatically populated by the ICIS data system based on the information provided in items #10 and #11.

14. * SIC (4-digit) 5541 or NAICS Code (5-digit): _____ (Enter one or more)
gas station with convenience store 44711
gas station w/o convenience store 44719

15. Do not complete

16. * Compliance Monitoring Action Reason: (Circle one of the following) Agency Priority
Citizen Complaint/Tip Core Program Selected Monitoring Action Random Evaluation or Inspection

17. * Compliance Monitoring Agency Type: EPA

18. - 20. Does not apply

Compliance Monitoring Action Outcome: Check one (if known at the time of the activity):

___ Administrative ___ Immediately corrected ___ Judicial ___ No violation

___ No compliance monitoring (access denied) ___ No compliance monitoring (facility shutdown)

___ Not immediately corrected ___ Notice of Determination ___ Under review ___ Withdrawn

23. Does not apply to this program

Did you observe deficiencies (potential violations) during the on-site inspection? X Yes ☐ No

N/A cannot be a response. If the answer is no, go straight to #28.

25. ****If you observed deficiencies, did you communicate them to facility during the inspection?** ☐ Yes ☐ No
N/A cannot be a response.

26. ****Deficiencies Observed:**

Check one or more of the following:

- ☐ Potential violation of a compliance schedule in an enforceable order
☐ Potential failure to maintain a record or failure to disclose a document (**Inadequate Records**)
☒ Potential failure to maintain, inspect or repair equipment including meters, sensors, and recording equipment (**CP systems, overflow protection or spill prevention, sump sensors**)
☐ Potential failure to complete or submit a notification, report, certification, or manifest (**Failure to notify temporary closure**)
☐ Potential failure to obtain a permit, product approval, or certification (**Inadequate financial assurance**)
☐ Potential failure to follow a required sampling or monitoring procedure or laboratory procedure (**Inadequate release detection, inadequate vapor or ground water monitoring, inadequate integrity testing, function tests, LTT**)
☐ Potential failure to follow or develop a required management practice or procedure
☐ Potential failure to identify and manage a regulated waste or pollutant in any media
☐ Potential failure to report regulated events such as spills, accidents, etc.
☐ Potential incorrect use of a material (e.g., pesticide, waste, product, etc.) or use of improper or unapproved material (**Incompatible Tank Materials**)
☐ Potential failure to follow a permit condition (s)
☐ Potential excess emission in violation of a regulation

27. ****Did you observe or see the facility take any actions during the inspection to address the deficiencies communicated to the facility?** ☐ Yes ☐ No

If YES, check only the action(s) actually observed/seen or write in a short description of the action in the "optional" section. (Check all that apply)

Action(s) taken

- ☐ Complete(d) a Notification or Report
☐ Correct(ed) Monitoring Deficiencies
☐ Correct(ed) Record Keeping Deficiencies
☐ Implemented New or Improved Management Practices or Procedures
☐ Improved Pollutant Identification (e.g., Labeling, Manifesting, Storage, etc.)
☐ Reduced Pollution (e.g., Use Reduction, Industrial Process Change, Emissions or Discharge Change, etc.)
☐ Verify (ied) Compliance with Previously Issued Enforcement Action - Part or All Conditions

28. Did you provide general compliance assistance in accordance with the policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections? ☒ Yes ☐ No

29. Did you provide site-specific compliance assistance in accordance with the policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections? ☐ Yes ☒ No

Note: This form does not require EPA inspectors to provide compliance assistance.

Optional Information: Describe actions taken by the facility or assistance provided to the facility

EPA Form 3540-39

For Data Entry Staff Use Only:

30. Date and initials of person entering data into ICIS (mm/dd/yyyy):

PDH 8/24/07